

**CLAIMS ONLY**

Application Number  
**10/633385**

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
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20		/				
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24		/				
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30		/				
31		/				
32		/				
33		/				
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36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
Total Indep	1					
Total Depend	26					
Total Claims	27					

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51		/				
52		/				
53	/	/				
54	/	/				
55	/	/				
56	/	/				
57	/	/				
58	/	/				
59	/	/				
60	/	/				
61	/	/				
62	/	/				
63	/	/				
64	/	/				
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	1					
Total Depend	7					
Total Claims	8					

27  
+ 8  
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35